MOA-10-5000	THU 09:06 AM SEN				FAX NO. 31		
P.E.	,_/ ~	PART B	- FEE(S) T	TRANS	SMITTAL		
Complete and send thi	is form, together with	h applicable fee	e(s), to: <u>M</u> i	ail M	Iail Stop ISSUI Commissioner f	E FEE	•
2005				P	O. Box 1450		
1 0 2005 E			or E		uexanoma, vu 571) 273-2885	ginin 22313-1450	
INSTRUCTIONS: This form appropriate All further corrected be	should be used for trans	mitting the ISSUE	FEE and P	UBLICA	TION FEE (if requ	ured). Blocks I through 5 si	hould be completed w
appropriate All further corrected be maintenance fee notifications.	elow or directed otherwise	in Block 1, by (a)	specifying a	new corr	espondence address	and/or (b) indicating a sep-	rate "FEE ADDRESS
	ADDRESS (Note: Use Block 1 for	any change of address)	-	-	/-\ M	r mailing can only be used for his certificate cannot be used	for one other accompar
. 000321 759	08/16/2005			pa ha	apers. Each addition ave its own certifica	al paper, such as an assignmente of mailing or transmission.	ent or formal drawing.
	ERS LEAVITT AN	D ROEDEL			_	170	
ONTO A COMPANDATE	TAN COLLADIC			· 3 5	hereby certify that the selection of the	his Fee(s) Transmittal is bein with published possinge for the	ak stakasangan sangan Binggangan sangan
00000 METROPOLI 00000 PREMEROS 0000 METROPOLI 0000 METROPOLI 000 MET)46 191345 1062692:	1		in in	ansmitted to the US	refricate of Mailing or Training his bein his Fee(s) Transmittal is bein work and the same 238 MER REPEXABLE SEPTO (571) 273-2885, on the control of the con	date indicated below.
C:2501 700.00 I)A				Gina G. I	Barron	(Depositors
C:1504 300.00 I C:8001 30.00 I				L	Aina s	& Barron	(Sign
7:0001 20:00 F				L	November	10, 2005	
APPLICATION NO.	FILING DATE	F	TRST NAMED	NVENTO	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO
10/626,921	07/25/2003		Jerry F	Fenc		SMBT 6452 (93225-2)	5407
TITLE OF INVENTION: BE : : : : APPLIN. TYPE	EDDING SANITIZATION SMALL ENTITY	issub fe	ie [BLICATION FEB	TOTAL FEE(S) DUE	DATE DUE
TITLE OF INVENTION: BE APPLIN. TYPE nonprovisional		ISSUB FE \$700	e I		SLICATION FEE \$300	TOTAL FEE(S) DUE	DATE DUE 11/16/2005
APPLIN, TYPE	SMALL ENTITY YES			gug			l
APPLIN. TYPE nonprovisional	SMALL ENTITY YES	\$700		PUB	\$300		l
APPUN. TYPE nonprovisional EXAMI NGUYEN, K 1. Change of correspondence	SMALL ENTITY YES INTER LIET TUAN	\$700 ART UNI 2881	2. For print	PUB CLA 2 uring on the	\$300 SS-SUBCLASS 250-455110 te parent front page,	\$1000)	l
APPLN. TYPE nonprovisional EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363).	SMALL ENTITY YES INER JET TUAN address or indication of "F	\$700 ART UNI 2881 cc Address" (37	2. For print (1) the nan or agents C	PUB CLA 2 ting on the mes of up OR, alternative or the mes of u	\$300 \$\$S-\$UBCLASS 250-455110 te patent front page, to 3 registered pat actively,	S1000	11/16/2005
APPLN. TYPE nonprovisional EXAMi NGUYEN, K 1. Change of correspondence CFR 1.363). Change of correspondence Address form PTO/SB/12 "Fee Address" indicati	SMALL ENTITY YES INER JET TUAN address or indication of "Fence address (or Change of 2) attached. on (or "Fee Address" Indication (or "Fee Address" Indication (or "Fee Address")	\$700 ART UNI 2881 ee Address* (37 Correspondence	2. For print (1) the nan or agents C (2) the nan	PUB CLA iting on the mes of up ODR, altername of a sir	\$300 ASS-SUBCLASS 250-455110 the patent front page, to 3 registered patentiatively, and firm (having as a firm (havin	S1000	11/16/2005
APPLN. TYPE nonprovisional EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363). Change of correspondence Address form PTO/SB/12 "Fee Address" indicati	SMALL ENTITY YES INER JET TUAN address or indication of "F ence address (or Change of 2) attached.	\$700 ART UNI 2881 ee Address* (37 Correspondence	2. For print (1) the nan or agents C (2) the nan	PUB CLA ting on the mes of up OR, altername of a sin attorney of departed a sin attorney of the parted as the control of the	\$300 \$\$.\$UBCLASS 250-455110 the patent front page, to 3 registered patatively, ngle firm (having as or agent) and the nattonicys or agents.	S1000	11/16/2005
APPLN. TYPE nonprovisional EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 Fee Address form PTO/SB/2 on Number is required. 3. ASSIGNEE NAME AND	SMALL ENTITY YES INER JET TUAN address or indication of "F ence address (or Change of 2) attached. on (or "Fee Address" Indic- r more recent) attached. Us RESIDENCE DATA TO E	\$700 ART UNI 2881 ce Address" (37 Correspondence ation form e of a Customer 38 PRINTED ON T	2. For print (1) the nan or agents C (2) the nan registered is 2 registered listed, no n HE PATENT	PUB CLA iting on the mes of up OR, altername of a sin attorney or dipatent a name will I (print or	\$300 \$SS-SUBCLASS 250-455110 the patent front page, to 3 registered patatively, agle firm (having as or agent) and the nationeys or agents be printed.	sistent attorneys 1 Senn are amember a mes of up to fino name is 3	11/16/2005 niger Power
APPLN. TYPE nonprovisional : EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	SMALL ENTITY YES INER JET TUAN address or indication of "F ence address (or Change of 2) attached. on (or "Fee Address" Indic- r more recent) attached. Us RESIDENCE DATA TO E	\$700 ART UNI 2881 ce Address" (37 Correspondence ation form e of a Customer 38 PRINTED ON T	2. For print (1) the nan or agents C (2) the nan registered is 2 registered listed, no n HE PATENT	PUB CLA iting on the mes of up OR, altername of a sin attorney or dipatent a name will I (print or	\$300 \$SS-SUBCLASS 250-455110 the patent front page, to 3 registered patatively, agle firm (having as or agent) and the nationeys or agents be printed.	S1000	11/16/2005 niger Power
APPLN. TYPE nonprovisional EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 Fee Address form PTO/SB/2 on Number is required. 3. ASSIGNEE NAME AND	SMALL ENTITY YES INER IET TUAN address or indication of "F ence address (or Change of 2) attached. on (or "Fee Address" Indic r more recent) attached. Us RESIDENCE DATA TO E an assignce is identified b 37 CFR 3.11. Completion	S700 ART UNI 2881 ce Address* (37 Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignod of this form is NOT	2. For print (1) the nan or agents O (2) the red tegistered 2 registered listed, no n HE PATENT data will apper	PUB CLA 2 uting on the mes of up DR, altern me of a sin attorney cad patent a name will I (print or secure on the for filing.)	\$300 \$SS-SUBCLASS 250-455110 the patent front page, to 3 registered patatively, agle firm (having as or agent) and the nationeys or agents be printed.	sidentified below, the	11/16/2005 niger Power
APPLN. TYPE nonprovisional EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	SMALL ENTITY YES INER IET TUAN address or indication of "F ence address (or Change of 2) attached. on (or "Fee Address" Indic r more recent) attached. Us RESIDENCE DATA TO E an assignce is identified b 37 CFR 3.11. Completion	S700 ART UNI 2881 ce Address* (37 Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignod of this form is NOT	2. For print (1) the nan or agents O (2) the red tegistered 2 registered listed, no n HE PATENT data will apper	PUB CLA 2 uting on the mes of up DR, altern me of a sin attorney cad patent a name will I (print or secure on the for filing.)	\$300 \$SS-SUBCLASS 250-455110 the patent front page, to 3 registered patatively, nagle firm (having agor agent) and the nattonneys or agents. The printed. type) e patent. If an assignment.	sidentified below, the	11/16/2005 niger Power
APPLN. TYPE nonprovisional EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	SMALL ENTITY YES INER JET TUAN address or indication of "F ence address (or Change of 2) attached. on (or "Fee Address" Indice r more recent) attached. Us RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion SE	S700 ART UNI 2881 cc Address* (37 Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignce to of this form is NOT	2. For print (1) the nan or agents C (2) the nan registered a 2 registered isted, no n HE PATENT data will apper f a substitute i) RESIDENC	PUB CLA 2 string on the mes of up DR, altername of a sir attorney code patent a name will I (print or beauting the for filling) CE: (CITY)	\$300 \$SSUBCLASS 250-455110 the patent front page, to 3 registered pataset front page, and the matterneys or agent) and the matterneys or agents. The printed type patent. If an assignment. Y and STATE OR Comments.	S1000) list ent attorneys a member a mes of up to if no name is gnee is identified below, the	11/16/2005 aiger Power document has been file
APPLN. TYPE nonprovisional EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 Theo Address indicate PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	SMALL ENTITY YES INER JET TUAN address or indication of "F ence address (or Change of 2) attached. on (or "Fee Address" Indice or more recent) attached. Us RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion and assignee category or category	\$700 ART UNI 2881 ce Address** (37 Correspondence ation form e of a Customer BE PRINTED ON T elow, no assigned of this form is NOT (B)	2. For print (1) the nan or agents C (2) the nan registered a 2 registered isted, no n HE PATENT data will apper f a substitute i) RESIDENC	PUB CLA Iting on the mes of up OR, altername of a sir attorney or altername will I (print or caur on the for filing on the formal of the formal on	\$300 \$SSUBCLASS 250-455110 the patent front page, to 3 registered pataset front page, and the matterneys or agent) and the matterneys or agents. The printed type patent. If an assignment. Y and STATE OR Comments.	sidentified below, the	11/16/2005 aiger Power document has been file
APPLN. TYPE nonprovisional EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 Fee Address' indicate PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Please check the appropriate Lissue Pee	SMALL ENTITY YES INER JET TUAN address or indication of "F ence address (or Change of 2) attached. on (or "Fee Address" Indict r more recent) attached. Us RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion ale assignee category or category.	\$700 ART UNI 2881 ce Address* (37 Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignos of this form is NOT (B) orics (will not be pri	2. For print (1) the nan or agents O (2) the nan tegistered is 2 registered listed, no n HE PATENT data will apper G a substitute i) RESIDENC	PUB CLA Iting on the mes of up OR, altername of a sir attorney or a did patent a name will I (print or carr on the for filing: CE: (CITY patent): Fec(s): in the amo	\$300 \$SS-SUBCLASS 250-455110 the patent front page, to 3 registered patatively, nagle firm (having as or agent) and the nationeys or agents, be printed. Type) the patent. If an assignment. Individual Ind	sident attorneys 1 Senn amenbor a mes of up to If no name is 3 mee is identified below, the DUNTRY) Corporation or other private genelosed.	11/16/2005 aiger Power document has been file
APPLN. TYPE nonprovisional EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 Fee Address' indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Please check the appropriate Lissue Pee Lissue Pee Publication Fee (No st	SMALL ENTITY YES INER JET TUAN address or indication of "F ence address (or Change of 2) attached. on (or "Fee Address" Indicr r more recent) attached. Us RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion is assignee category or category enclosed: mall entity discount permitt	S700 ART UNI 2881 cc Address* (37 Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignos of this form is NOT (B) orics (will not be pri 4b	2. For print (1) the nan or agents C (2) the nan registered (2) registered (3) registered isted, no n HE PATENT data will apper a substitute i) RESIDENC inted on the pa printed on the pa Payment of A check i Payment	PUB CLA iting on the mes of up OR, alterns me of a sir attorney cad patent a saname will I (print or cour on the for filing case) CE: (CITY Datent): Fec(s): in the amo	\$300 \$SS-SUBCLASS 250-455110 the parent front page, on 3 registered patastively, ngle firm (having as or agent) and the nationeys or agents. The printed. Type) an assignment. Individual Individual Ount of the fee(s) is card. Form PTO-20	sident attorneys 1 Senn amenber a mes of up to If no name is 3 mee is identified below, the DUNTRY) Corporation or other private genelosed. 38 is attached.	11/16/2005 iger Power document has been file roup entity Goven
APPLN. TYPE nonprovisional : EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Please check the appropriate Lissue Pee Publication Fee (No steel of the control	SMALL ENTITY YES INER JET TUAN address or indication of "F ence address (or Change of 2) attached. on (or "Fee Address" Indict r more recent) attached. Us RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion BE assignee category or categorical contents of the c	S700 ART UNI 2881 cc Address (37 Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignce to of this form is NOT (B) ories (will not be pri 4b	2. For print (1) the nan or agents C (2) the nan registered (2) registered (3) registered isted, no n HE PATENT data will apper a substitute i) RESIDENC inted on the pa printed on the pa Payment of A check i Payment	PUB CLA iting on the mes of up OR, alterns me of a sir attorney cad patent a saname will I (print or cour on the for filing case) CE: (CITY Datent): Fec(s): in the amo	\$300 \$SS-SUBCLASS 250-455110 the parent front page, on 3 registered patastively, ngle firm (having as or agent) and the nationeys or agents. The printed. Type) an assignment. Individual Individual Ount of the fee(s) is card. Form PTO-20	sident attorneys 1 Senn amenbor a mes of up to If no name is 3 mee is identified below, the DUNTRY) Corporation or other private genelosed.	11/16/2005 iger Power document has been file roup entity Goven
APPLN. TYPE nonprovisional EXAMI NGUYEN, K 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAMB OF ASSIGNE Please check the appropriate 1. The following fee(a) are of the company of the compa	SMALL ENTITY YES INER JET TUAN address or indication of "F ence address (or Change of 2) attached. on (or "Fee Address" Indict r more recent) attached. Us RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion BE assignee category or categorical contents of the c	ART UNI 2881 ce Address* (37 Correspondence ation form e of a Customer BE PRINTED ON T clow, no assigned to of this form is NOT (B) orics (will not be pri 4b ced)	2. For print (1) the nan or agents (2) the nan registered i 2 registered i 2 registered isted, no n HE PATENT data will appe f a substitute i) RESIDENC inted on the pr . Payment of A check i Deposit Acce	PUB CLA iting on the mes of up DOR, alterns, attorney of a sir attorney of public and the for filing of the for filing of the for filing of the for filing of the form on the for filing of the form of the for filing of the form of the for filing of the form of the fore	\$300 \$SS-SUBCLASS 250-455110 the patent front page, to 3 registered patasterly, ngle firm (having as or agent) and the mattonicys or agents. The printed represents of the patent. If an assignment. Individual Individu	sident attorneys 1 Senn amenber a mes of up to If no name is 3 mee is identified below, the DUNTRY) Corporation or other private genelosed. 38 is attached.	document has been file

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEBS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

17/05

40,529

Date

Registration No. _

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Bridge

Authorized Signature

Typed or printed name _

Richard L.



Law Offices of

SENNIGER POWERS

One Metropolitan Square, 16th Floor St. Louis, Missouri 63102

Telephone (314) 231-5400 Facsimile (314) 231-4342

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 11-10-05 FILE NUMBER: SMBT 6452
PTO FACSIMILE NUMBER: 1-571-273-2885
PLEASE DELIVER THIS FACSIMILE TO: Mail Stop ISSUE FEE
THIS FACSIMILE IS BEING SENT BY: Richard L. Bridge
NUMBER OF PAGES: 2 INCLUDING COVER SHEET
TIME SENT: 9:00 a.m. OPERATOR'S NAME G. Barron
CERTIFICATION OF FACSIMILE TRANSMISSION
I hereby certify that this paper is being facsimile transmitted to
the Patent and Trademark Office on the date shown below.
Gina G. Barron
Typed or printed name of person signing certification
Mrs. ABALANS Drugge les 10 2005
Hins HBarron. Devember 10, 2005 Signature
Signature , bate
Type of paper transmitted: Issue and Publication Fees Transmittal
The or befor erminatedes. There are restricted to the resulting
Applicant's Name: Jerry Fenc
Serial No.: 10/626,921 Examiner: Nguyen, Kiet Tuan
Filing Date: 7/25/2003 Art Unit: 2881 Confirmation No.: 5407
Application Title: BEDDING SANITIZATION
IF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.